

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1054 31st St NW Ste 430			Amount <span style="border: 1px solid black; padding: 2px;">13426.32</span>		
City Washington State DC Zip Code 20007-6042		Transaction ID : VN7GD9PXJF1 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Purpose of Expenditure Media Production Costs - Estimate		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate Ann Kirkpatrick			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: AZ <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">138367.55</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Shorr Johnson Magnus</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 N 20th St Ste 201			Amount <span style="border: 1px solid black; padding: 2px;">16000.00</span>		
City Philadelphia State PA Zip Code 19103-1454		Transaction ID : VN7GD9PXJC8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Purpose of Expenditure Media Production Costs - Estimate		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate Martha E. McSally			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: AZ <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">64668.45</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">29426.32</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Shannon Roche</i>			Date <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> [Electronically Filed]		

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 15 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>48668.45</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GD9PWV10
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Martha E. McSally		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 15 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>124941.23</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GD9PWV28
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Ann Kirkpatrick		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>173609.68</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>203036.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shannon Roche

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 17 / 2014**

Signature